



# SPECIAL USE PERMIT FORM

Event Date Requested: \_\_\_/\_\_\_/\_\_\_ Event Start Time: \_\_\_:\_\_\_AM/PM Event End Time: \_\_\_:\_\_\_AM/PM  
MM/DD/YYYY

Location Requested: \_\_\_\_\_ Estimated Attendance: \_\_\_\_\_

**Type of Special Permit Requested (select one):**

Moonbounce Climbing wall Collection of money Use of generator Memorials/services Demonstration  
Use outside of operating hours Use of motorized vehicles/other Other (please describe): \_\_\_\_\_

Insurance Certificate Required? Y / N *If yes, must name "M-NCPPC" as additional insured and be submitted to the Park Permit Office at least one week before the event date.*

Part of Special Event Request? Y / N If yes, Event Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_  
FIRST LAST

Name of Organization: \_\_\_\_\_

Address: \_\_\_\_\_  
STREET ADDRESS  
CITY STATE ZIP

Phone Number: (\_\_\_\_) \_\_\_\_\_ Fax Number: (\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

**Special Instructions:**

\_\_\_\_\_  
SIGNATURE OF PARK MANAGER MM/DD/YYYY SIGNATURE OF DIVISION CHIEF MM/DD/YYYY

\_\_\_\_\_  
SIGNATURE OF DIRECTOR OF PARKS (IF NEEDED) MM/DD/YYYY

\_\_\_\_\_  
SIGNATURE OF APPLICANT/EVENT ORGANIZER MM/DD/YYYY